Rev	vision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-						
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT										
		State/Territory	: <u>Maryland</u>							
Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals										
A. The following method is used to determine the monthly premium imposed of qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:										
		N/A								
				•						
в.	for pre	emium payment, n	illing method used is otification of the con or requesting waiver o	as follows (include due date sequences of nonpayment, and f premium payment):						
		N	'A							
*Description provided on attachment.										
TN I	ersedes	Approval D	JUN 05 1992 E	ffective Date MOV 0.1 1991						

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		STATE PL	AN UNDER	ritle XI	X OF THE	SOCIAL SEC	CURITY ACT					
State/Territory: Maryland												
с.			nds under	other ;	_	are used to	o pay for pre	miums:				
		Yes			No							
			N/A									
D.	a prem	iteria used ium because bed below:	for dete	rmining cause a	whether an undue	the agency hardship or	will waive pan an individua	nyment of				
			N/A			:						
*Description provided on attachment.												
	ersedes	Appro	val Date	IUN O	1992	Effective	Date 1:01:0:	1931				
TN I	NO					HCFA ID:	7986E					